## Family Communications Plan

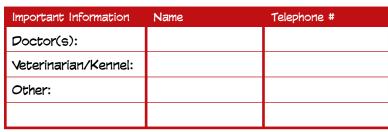




Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

	Out-of-Town Contact Name:
	Telephone Number:
* >	Email:
Fill out the following information for e	each family member and keep it up to date. Name:
Date of Birth:	Date of Birth:
Important Medical Information:	Important Medical Information:
Name:	Name:
Date of Birth:	Date of Birth:
Important Medical Information:	Important Medical Information:
Where to go in an emergency. Write of school and other places you frequesnot buildings should all have site-specific eleme  Address:	down where your family spends the most time: wo . schools, daycare proficers, workploaces and a emergency plans. Work Address:
school and other places you frequesnt buildings should all have site—specific e Home	<ul> <li>schools, daycare proficers, workploaces and a mergency plans.</li> <li>Work</li> </ul>
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Every family member should carry a copy of this	important i	information:
]		
Other Important Phone Numbers & Information:	. FOLD.	Other Important Phone Numbers & Information:
Secondary Family Communications Plan	< FOLD HERE>	Family Communications Plan
Contact Name:		Contact Name:
Telephone:		Telephone:
Out-of-State Contact Name:		Out-of-State Contact Name:
Telephone:		Telephone:
Neighborhood Meeting Place:		Neighborhood Meeting Place:
Meeting Place Telephone:		Meeting Place Telephone:
		Meeting Place Telephone:  Dial 9-1-1 for Emergencies!
Meeting Place Telephone:		
Meeting Place Telephone:  Dial 9-1-1 for Emergencies!		Dial 9-1-1 for Emergencies!
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